

PUTNAM COUNTY EMERGENCY MEDICAL SERVICES

270 Carlen Drive; Cookeville, TN 38501
(931) 528-1555 Fax (931) 520-8404
tcopeland@putnamco.org

Patient Request for Restriction Form

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ () _____

Social Security No.: _____

Patient Rights: As a patient, you have the right to request restrictions to the uses and disclosures of your PHI. **Putnam County EMS is not required to agree to any restrictions requested by the patient, however any restrictions agreed to by Putnam County EMS are binding on Putnam County EMS.**

Please indicate your request for restricted uses and disclosures of your PHI.

Signature _____ *Date* _____

FOR AMBULANCE SERVICE USE ONLY

DATE REC'D _____

REQUEST ACCEPTED _____

REQUEST DENIED _____

DATE _____

REVIEWING OFFICIAL _____

NOTICE TO PT _____

COMMENTS: _____
